

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050874

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7142 STATE FILE NUMBER

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in lb <u>44 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Lukes Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4235 Locust</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sallie</u> Middle <u>Elizabeth</u> Last <u>Roach</u>			4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>63</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 7 1875</u>	9. AGE (last birthday) <u>88 yrs</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker - At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		
11. BIRTHPLACE (City and state of country) <u>KANCASTER, KENTUCKY</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Crockett Rutledge Millard</u>	13b. MOTHER'S MAIDEN NAME <u>Asenath Catherine Carlock Cornelius Roach</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. H. Lynn White, 6011 Central, K.C. Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u> </u>
17. INFORMANT <u>Mrs. H. Lynn White, 6011 Central, K.C. Mo.</u>		Address <u> </u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>White Coronary Artery Occlusion</u> DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u>
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from 45/6/61 to 12/28/63 and last saw her alive on 5/13/63
Death occurred at 11:22 A on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>William Bayne Allen M.D.</u>	(Degree or title) <u> </u>	22b. ADDRESS <u>4620 S. C. Dr. Kansas City, Mo.</u>	22c. DATE SIGNED <u>12/28/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>	23d. LOCATION (City, town, or county) (state) <u>KANSAS CITY Mo.</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>1331 Brush Creek K.C. 14 Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-31-63</u>	26. REGISTRAR'S SIGNATURE <u>Beaie Smith</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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2-
1-
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0-27

Signed Louis J. West

P. O. Address K. C. 222

If this body is not embalmed, fact should be so stated above.